

Love Missions Global
Short-Term Mission Trip Application Form



Trip Information

Location: _____

Trip Dates: _____

Trip Leader(s): _____

Participant's Information

T-Shirt Size: _____

• Full Name: _____ DOB: _____
(If applicable, as it appears on your Passport)

• Passport Number: _____ Passport Expiration Date: _____

• Address: _____

• Cell Phone: _____ Email: _____

• Emergency contact: _____ Phone: _____

• Parent/Guardian(if under 18yrs of age): _____ Phone: _____

• Have you been on a mission trip before? Y or N

• If so when, where and with which organization? _____

• Personal Health Insurance Provider: _____ Policy #: _____

• Primary Care Physician: _____ Phone: _____

• List any known allergies or current medications (list dose and frequency):

• Are there any medical conditions of which your team leader should be aware of? Y or N

If yes, please provide necessary information: _____

Love Missions Global includes trip accident insurance for volunteers.

Name of beneficiary: _____

Witness Signature: _____

Date: _____